

<i>SERFF Tracking Number:</i>	<i>FARM-125348144</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Farmers Insurance Exchange, ...</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
<i>Company Tracking Number:</i>	<i>J2AR071105CPBD1</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Commercial Property</i>		
<i>Project Name/Number:</i>	<i>DM Additional Insured/J-AR-2007-CP-F</i>		

Filing at a Glance

Companies: Farmers Insurance Exchange, Mid-Century Insurance Company, Truck Insurance Exchange		
Product Name: Commercial Property	SERFF Tr Num: FARM-125348144	State: Arkansas
TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: #? \$50
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)	Co Tr Num: J2AR071105CPBD1	State Status: Fees verified
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Authors: Tina Campbell, Bernice Diaz, Cynthia Nelson, Bill Riedley, Mina Villegas, Edward Petersen	Disposition Date: 11/21/2007
	Date Submitted: 11/19/2007	Disposition Status: Approved
Effective Date Requested (New): 05/01/2008		Effective Date (New): 05/01/2008
Effective Date Requested (Renewal): 07/01/2008		Effective Date (Renewal): 07/01/2008

General Information

Project Name: DM Additional Insured	Status of Filing in Domicile: Pending
Project Number: J-AR-2007-CP-F	Domicile Status Comments: Filing being made in California.
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 11/21/2007	
State Status Changed: 11/21/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Farmers Insurance Group of Companies respectfully submits the following form designed to enhance coverage for our Retail Services Businessowners program.	

J6322-1st Edition (93-6322) 1-07 Farmers District Manager Endorsement – Additional Insured - for use with our Commercially Packaged policies underwriting office exposures. This proprietary form clarifies coverage by specifying

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that Farmers Reserve and Career Agents qualify as additional insureds, under the property coverage form, and as an insured, under the liability coverage form, of a Farmers District Managers Office policy when the Farmers District Managers Office is the agents' primary place of business.

Our effective dates for these forms are May 1, 2008 for new business and July 1, 2008 for renewals.

If you have any questions regarding this forms filing, please contact Ted Petersen at (805) 306-6542, fax number (805) 306-7487 or email Ted.Petersen@FarmersInsurance.com.

Please reference the filing numbers listed on the first page.

Your early approval of this filing is appreciated.

Company and Contact

Filing Contact Information

Charlene Hall, Commercial Contract Manager	Charlene_Hall@farmersinsurance.com
3041 Cochran Street	(805) 306-6648 [Phone]
Simi Valley, CA 93065	() -[FAX]

Filing Company Information

Farmers Insurance Exchange	CoCode: 21652	State of Domicile: California
4680 Wilshire Blvd.	Group Code: 212	Company Type:
Los Angeles, CA 90010	Group Name:	State ID Number:
(323) 932-3056 ext. [Phone]	FEIN Number: 95-2575893	

Mid-Century Insurance Company	CoCode: 21687	State of Domicile: California
4680 Wilshire Blvd.	Group Code: 212	Company Type:
Los Angeles, CA 90010	Group Name:	State ID Number:
(323) 932-3056 ext. [Phone]	FEIN Number: 95-6016640	

Truck Insurance Exchange	CoCode: 21709	State of Domicile: California
4680 Wilshire Blvd.	Group Code: 212	Company Type:

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<i>Company Tracking Number:</i>	<i>J2AR071105CPBD1</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Commercial Property</i>		
<i>Project Name/Number:</i>	<i>DM Additional Insured/J-AR-2007-CP-F</i>		
Los Angeles, CA 90010	Group Name:	State ID Number:	
(323) 932-3056 ext. [Phone]	FEIN Number: 95-2575892		

SERFF Tracking Number: *FARM-125348144* *State:* *Arkansas*
First Filing Company: *Farmers Insurance Exchange, ...* *State Tracking Number:* *#? \$50*
Company Tracking Number: *J2AR071105CPBD1*
TOI: *01.0 Property* *Sub-TOI:* *01.0001 Commercial Property (Fire and Allied Lines)*

Product Name: *Commercial Property*
Project Name/Number: *DM Additional Insured/J-AR-2007-CP-F*

Filing Fees

Fee Required? *Yes*
Fee Amount: *\$50.00*
Retaliatory? *No*
Fee Explanation: *\$50.00 is the required fee amount for each filing company -- in this case, FIE, MC, TIE -- for a total of \$150.00*

Per Company: *No*

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
3010008169	\$50.00	11/16/2007
3040008170	\$50.00	11/16/2007
3010663492	\$50.00	11/16/2007

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Company Tracking Number:	J2AR071105CPBD1		
TOI:	01.0 Property	Sub-TOI:	01.0001 Commercial Property (Fire and Allied Lines)
Product Name:	Commercial Property		
Project Name/Number:	DM Additional Insured/J-AR-2007-CP-F		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/21/2007	11/21/2007

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Disposition

Disposition Date: 11/21/2007

Effective Date (New): 05/01/2008

Effective Date (Renewal): 07/01/2008

Status: Approved

Comment: Form filings are only \$50 no matter how many companies you have.

In the future send only \$50 for form filing fee.

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number:	FARM-125348144	State:	Arkansas
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TOI:	01.0 Property	Sub-TOI:	01.0001 Commercial Property (Fire and Allied Lines)
Product Name:	Commercial Property		
Project Name/Number:	DM Additional Insured/J-AR-2007-CP-F		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Farmers District Manager Endorsement Additional Insured	Approved	Yes

SERFF Tracking Number: FARM-125348144 State: Arkansas

First Filing Company: Farmers Insurance Exchange, ... State Tracking Number: #? \$50

Company Tracking Number: J2AR071105CPBD1

TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)

Product Name: Commercial Property

Project Name/Number: DM Additional Insured/J-AR-2007-CP-F

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Farmers District Manager Endorsement Additional Insured	J6322	1st Edition 1-07	Endorsement/Amendment/Conditions	New	12.00	J6322101.pdf



FARMERS®

J6322
1st Edition

**FARMERS DISTRICT MANAGER ENDORSEMENT
ADDITIONAL INSURED**

This endorsement modifies insurance provided under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The Named Insured shown in the Declarations is amended to include persons employed as either Farmers Reserve or Career Agents (Jointly and Individually) whose primary place of business is the District Office of the Named Insured, but only in regards to their owned or leased Business Personal Property situated within the Coverage Territory and used in Named Insured's on-going operations.

The following is added to **SECTION II - WHO IS AN INSURED:**

- 1.e.** Any person employed as a Farmers Reserve or Career Agent whose primary place of business is the District Office of the Named Insured, but only with respect to liability arising out of the on-going operations of the Named Insured or premises owned by or rented to the Named Insured.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.

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<i>Project Name/Number:</i>	<i>DM Additional Insured/J-AR-2007-CP-F</i>		

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	11/21/2007
Comments:				
Attachment:				
PCTD1FormCP.pdf				


Property & Casualty Transmittal Document (Revised 1/1/07)

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Farmers Insurance Group			Group NAIC #	0212
4. Company Name(s)	Domicile	NAIC #	FEIN #		
Truck Insurance Exchange	CA	21709	95-2575892		
Farmers Insurance Exchange	CA	21652	95-2575893		
Mid-Century Insurance Company	CA	21687	95-6016640		

5. Company Tracking Number	J2AR071105CPBD1
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Charlene Hall 3041 Cochran Street – 5th Flr. Simi Valley, CA 93065	Commercial Contract Manager	805-306-6648	805-306-6646	Charlene Hall @farmersinsurance.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Charlene Hall		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Commercial Property – Line 1.000			
10. Sub-Type of Insurance (Sub-TOI)	Commercial Property – Line 1.001			
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)	Commercial Property			
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:	May 1, 2008	Renewal:	July 1, 2008
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)	N/A			
17. Reference Organization # & Title	N/A			
18. Company's Date of Filing	November 8, 2007			
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	J2AR071105CPBD1
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #:
Amount: \$

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

PC TD-1 pg 2 of 2

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		J2AR071105CPBD1		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		N/A		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Farmers District Manager Endorsement Additional Insured	J6322 1 st Edition 1-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		